PTO/SB/06 (0803) Approved for use through 7/31/2006, ONB 0651 0032 agemark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a vario OMB control number. Application of Opportunities and Application of Opportunities and Oppor										
PATENT APPLICATION FEE DETERMINATION RECORD								ا اور سرداد		
Substitute for Form PTO-875									10 717	121
CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL							NTITY	OR	OTHER	
	FOR	MARKE	MANBER FILED NUMB		A EXTRA	RATE	FEE		RATE	· FEE
	FEE FR 1,16(a))		•				s	OR		<u></u>
	AL CLAIMS FR 1.16(c))		minus 20 =			x \$		OR	x 3•	
(37 C	PEHDENT CLASS FR 1.16(b))	ış	minus 3 ·			×5•		OR	× 5 •	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(d))						+5e		OR	+5	
" If the difference in column 1 is less than zero, enter "O" in column 2.						TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II										
	. (Column 1) (Column 2) (Column 3)					SMALL E	NTITY	OR	OTHER SMALL	R THAN ENTITY
ΤA	7 28 03	CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	AOOH TIONAL FEE
ENDMENT	Total	THEMOMENT	Minus	PAID FOR	• /	x,25.		OR	x. <u>5</u> 0.	
Q	(3) OFR 1.16(2) Independent (3) OFR 1.16(3)	2	Minus	ن آ	•/	x . 100		OR	x,200	
AME		ATTOM OF MER TIPLE	DEPENDE	INT CLANA (37 CF	R 1.1Q(I)	+. 180-		OR	+32	
FRET PRESENTATION OF MAIL TIPLE DEPENDENT CLANS (ST GR 1.18(4))						TOTAL ADDL FEE		OR	TOTAL ADO'L FEE	
Autorité										
L	h	(Cohumn 1)		(Cotumn 2) HIGHEST	(Calumn 3)			l		
18	2/47	CLAIMS REMAINING AFTER		NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		, RATE	ADDI- TIONAL FEE
Æ	Total	AMENDMENT	Minus	PAID FOR		25.		OR.	×.50.	
AMENDMENT	OF O'R LIBOR Independent OF O'R LIBO	. 4	Minus	-00	-	× 100-		OR	x,200.	
ME						.,180.			360	
PRIST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						TOTAL ADD'L FEE		OR	TOTAL ADDL FEE	
ii-leb										
	11 00%	(Column 1)		(Column 2) HIGHEST	(Cotumn 3)		1	1		
O		CLAMS REMAINING AFTER		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADOF TIONAL FEE		RATE	ADOI- TIONAL FEE
MENT	Total CO CPR 1,160cm	AMENDMENT	Mênus	20	- 0	1,25.	/	OR	x,50.	
NON	Independent ()) CFH 1.16(N)	1· 1	Minus		1.0	x 3 100	/	OR	×,200	/_
AME		TATION OF MALTIPL	E OEPEND	ENT CLAIM (D) C	FR 1.16(dj)	+.180.		OR	. ,360.	<i>Y</i>
一	THATTRESEN					TOTAL ADOL FEE	1	OR.	TOTAL ADOL FEE	
ti the entry in column 1 is less than the entry in column 2, write "0" in column 3.										
"If the entiry in column 1 is that that he entry to column 1. "If the "rightest Number Previously Paid For" bit THIS SPACE is less than 20, enter "20". "If the "Rightest Number Previously Paid For" bit THIS SPACE is less than 3, enter "7".										

"If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain, a benefit by the public which is to the formation by 100 CPR 1.14. This collection is estimated to take 12 minutes to complete. USPTO. The will vary depending upon the individual case. Any comments including gishering, preparing, and submitting the completed application form to the USPTO. There will vary depending upon the individual case. Any comments on the amount of time your require to complete this form and reagentions for retains for first your require to complete this form and reagentions for individual case. Any comments and frastemath Office. U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

if you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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